

FAX

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8/3/05

FROM: Marcus G. Lindsey
(562) 506-5869
Air Grip
10/642,904
Inventor


TO: Stephen L. Blau
(571) 273-4406
USPTO
Examiner

PAGES: 3

MESSAGE: Revocation Application for Power of Attorney

NOTE: As per our phone conversation, Aug. 3, 2003, I am faxing an application titled, Revocation of Power of Attorney, and also a letter of termination that was certifiably mailed to my ex-attorney, Attorney Sanford Astor. I will call you to confirm that you received the two items. Looking forward to you mailing me a new None Final Action. Should you have further questions, please contact me at your earliest convenience.

Thank you
for your time,


Marcus G. Lindsey

Approved for use through 11/02/03 OLS 02/1/03
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Payment Protection Act (PPA), the United States Patent and Trademark Office (USPTO) is required to provide a refund of the fee for the application of a trademark or service mark.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/682,904
	Filing Date	8/18/2003
	First Named Inventor	Marcus G. Lindsey
	Art Unit	3711
	Examiner Name	Stephen L. Blau
	Attorney Contact Number	N/A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

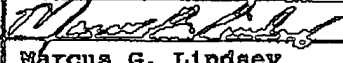
<input checked="" type="checkbox"/> Firm or Individual Name	Marcus G. Lindsey		
Address	P.O. Box 4055		
City	Compton	State California	Zip 90224
Country			
Telephone	(562) 506-5869	Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/83)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Marcus G. Lindsey		
Date	August 3, 2005	Telephone	(562) 506-5869

NOTE: Signatures of all the inventor or assignee of record of the entire interest or their representative(s) are required. Signatures must be made on paper that is signed, and dated.

☐ Total of _____ copies are required.

This collection of information is required by 37 CFR 1.23. The information is required to obtain or retain a benefit by the person which is to be used by the USPTO to process an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any questions on the amount of time you require to complete this form and/or questions for reducing this burden, please call the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. FORM 900: General Information for P. 0. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-PTO-0169 and select option 2.

July 7, 2005

Birch, Stewart, Kolasch, & Birch, LLP
650 Town Center Drive
Suite 620
Costa Mesa, California 92626

Attention: Attorney Sanford Astor

Regarding: AIR GRIP
Application No. 10/642,904

Dear Attorney Astor,

As per our phone conversation, Wednesday July 6, 2005, we discussed revoking powers of attorney. Effective immediately, your services as attorney liaising my Air Grip invention to the U.S. Patent Office is terminated. Thank you very much for your help. It's been greatly appreciated.

With Regards,


Marcus G. Lindsey